U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

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		Labor Organization File Number 01	0-006			
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Name of Person Filing OTIS BROWER	File Number U-				
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actively any part of which consists of buying from or selling or leasing directly or included ing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or lirectly to, or otherwise				
8. Name and address of Business (including trade name, if any). Name TEAMSTERS LOCAL 422 HEALTH & WELFARE FUND Trade Name, if any: P.O. Box, Bldg., Room No., if any 203 Street 3701 BOSWORTH ROAD City CLEVELAND State Ohio ZIP Code +4 44111	9. Business deals with: a. Labor Organization b. Trust c. Employer				
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	11.a. Nature of such dealing. PROVIDES HEALTH AND WELFARE BENEFITS TO MEMBERS OF TEAMSTERS LOCAL 422.				
City State ZIP Code + 4	11.b. Approximate dollar value of such dealing. \$0 12.a. Nature of interest held or income received. RECEIVED LOST TIME WAGES FOR ATTENDING BOARD OF TRUSTEE MEETINGS ON MARCH 1, 2004 \$55.76 AND ON AUGUST 25, 2004 \$56.60				
	12.b. Amount. \$112				
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.					
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment.				
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.				

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Name of Person Filing OTIS	BROWER		File Number U-	

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Busines	ss (including trade name, if any).	9. Business deals with:		
Name TEAMSTERS LOCAL 4	422 PENSION TRUST	No. 1 abor Organization		
Trade Name, if any:	met mei verwinner von verwinner som dette som kan som det til det dette det et til det dette for dette dette det dette	a. Labor Organization		
P.O. Box, Bldg., Room No., if any	у 203	b. Trust		
Street 3701 BOSWORTH ROZ	AD	c. Employer		
City CLEVELAND				
State Ohio	ZIP Code + 4 44111			
10. If 9.b. or 9.c. is checked give tru	ust or employer's name.	11.a. Nature of such dealing.		
Name		PROVIDES PENSION BENEFITS TO MEMBERS OF TEAMSTERS LOCAL 422.		
Trade Name, if any:			- Table 1 - Company Common Com	
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State	ZIP Code + 4	11.b. Approximate dollar value of such dealing.	\$0	
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